

Transition of Care

Tab/ Ques #	Question (500 Characters)	Type: Y/N; SS, Y/N, ST, Date, Number, MS, (LOV conditional values have the same types)	Ques Required? Y/N	Conditional on Ques #	Answer Score Value	Answer (500 Characters)	P, G, I, N, A	Text From previous field: P = Problem (255 Char); G= Goal (300 Char); I=Intervention (255 Char); N= Note (500 Char); A= Message Alert (255 Char)	PGI #
1 (2689)	[Staff answered]: Where is transition of care/post hospital assessment being completed?	SS	N			Telephonically	N	Transition of care assessment is being completed telephonically.	
						Home	N	Transition of care assessment is being completed at home.	
						Hospital - inpatient	N	Transition of care assessment is being completed in the hospital-inpatient.	
						Hospital - emergency room	N	Transition of care assessment is being completed in the hospital - emergency room.	
						Hospital - swing bed	N	Transition of care assessment is being completed in the hospital - swing bed.	
						Nursing Home - Long Term Care facility	N	Transition of care assessment is being completed in a nursing home - long term care facility.	
						Skilled Nursing facility	N	Transition of care assessment is being completed in a skilled nursing facility.	
						Sub-acute facility	N	Transition of care assessment is being completed in a sub-acute facility.	
						Inpatient rehabilitation facility	N	Transition of care assessment is being completed in an inpatient rehabilitation facility.	
						Outpatient rehabilitation facility	N	Transition of care assessment is being completed in an outpatient rehabilitation facility.	
						Outpatient - Ambulatory care facility	N	Transition of care assessment is being completed in an outpatient - ambulatory care facility.	
						Psychiatric hospital	N	Transition of care assessment is being completed in a psychiatric hospital.	
						Hospice - Palliative care facility	N	Transition of care assessment is being completed in a hospice - palliative care facility.	
						Primary care provider office	N	Transition of care assessment is being completed in a primary care provider office.	
						Specialty care provider office	N	Transition of care assessment is being completed in a specialty care provider office.	
2 (2690)	[Staff answered]: Who is answering questions - source of information?	SS	N			Member	N	Transition of care assessment is being completed by member.	
						Family member - spouse	N	Transition of care assessment is being completed by family member - spouse.	
						Caregiver	N	Transition of care assessment is being completed by caregiver.	
						Provider	N	Transition of care assessment is being completed by provider.	
						Nurse	N	Transition of care assessment is being completed by nurse.	
						Chart review	N	Transition of care assessment is being completed by chart review.	
						Facility discharge planner - Case Manager	N	Transition of care assessment is being completed by facility discharge planner - case manager.	
3 (1470)	What was the admission date?	Date	Y				N	Members admission date:	
4 (2691)	[Staff answered]: Has the member been discharged?	Y/N	Y			Yes	N	Member has been discharged.	
		LOV-Date				Document discharge date:	N	Date:	
						No	N	Member was not discharged:	
		LOV-Date				Document anticipated discharge date:	N	Date:	
5 (2712)	What was the length of stay? [LACE score for length of stay (Enter 1 for LOS=1 day; Enter 2 for LOS=2 days; Enter 3 for LOS=3 days; Enter 4 for LOS=4 to 6 days; Enter 5 for LOS=7 to 13 days; Enter 6 for LOS 14 days or more)]	SS	Y	4 = Yes	1	1 [score of 1]	N	Members length of stay was 1.	
						2 [score of 2]	N	Members length of stay was 2.	
						3 [score of 3]	N	Members length of stay was 3.	
						4 [score of 4]	N	Members length of stay was 4.	
						5 [score of 4]	N	Members length of stay was 5.	
						6 [score of 4]	N	Members length of stay was 6.	
						7 [score of 4]	N	Members length of stay was 7.	
						8 [score of 5]	N	Members length of stay was 8.	
						9 [score of 5]	N	Members length of stay was 9.	
						10 [score of 5]	N	Members length of stay was 10.	
						11 [score of 5]	N	Members length of stay was 11.	
						12 [score of 5]	N	Members length of stay was 12.	
						13 [score of 5]	N	Members length of stay was 13.	
						14 or > [score of 6]	N	Members length of stay was 14 or >.	
6 (2713)	[Staff answered]: Prior admission date (document most recent prior admission)	SS	N			Not applicable - no prior admission	N	Member did not have a prior admission.	
						Applicable - prior admission (document date)	N	Member had prior admission.	
		LOV-Date				Member's prior admission date was:	N	Member's prior admission date was:	
7 (1474)	Admission facility:	ST	Y			Document admission facility	N	Member's admitting facility:	
8 (2692)	[Staff answered]: Is the member being discharged to a nursing facility?	SS	N			Yes Inpatient to nursing facility	N	Member is being discharged from inpatient to a nursing facility.	
		LOV-ST				Document admitting nursing facility	N	Member's admitting nursing facility:	
		LOV-SS				Yes Rehab facility to nursing facility	N	Member is being discharged from rehab facility to a nursing facility.	
		LOV-ST				Document admitting nursing facility	N	Member's admitting nursing facility:	
						No	N	Member is not being discharged to a nursing facility.	
		LOV-SS				Inpatient to home or community living	N	Member is being discharged from inpatient to home or community living.	
		LOV-SS				Nursing home to home or community living	N	Member is being discharged from a nursing home to home or community living.	
		LOV-SS				Inpatient to rehab	N	Member is being discharged from inpatient to rehab.	
						Other	N	Member is being discharged from other.	
9 (2693)	[For members being discharged to a nursing facility]: Is it your preference to go to a nursing facility?	Y/N	N			Yes	N	Nursing facility is the preferred location for post discharge.	
		LOV-MS				Lack of caregiver	N	Lack of caregiver	
		LOV-MS				Financial restrictions	N	Financial restrictions	
		LOV-MS				Condition appropriate for NH	N	Condition appropriate for NH	
		LOV-MS				Functional level requires NH	N	Functional level requires NH	
		LOV-MS				Significantly compromised functional level	N	Significantly compromised functional level	
		LOV-MS				Other	N	Other	
						No	N	Nursing facility is not the preferred location for post discharge.	
							P	Nursing facility is not the preferred location for post discharge.	2373
							G	Member will be discharged to his/her preferred location such as home or community living.	
							I	Assess and coordinate available resources for member.	
							I	Discuss needed resources with caregiver/family.	
10 (2694)	How would you describe your recent hospital visit? Were you seen in the ER and then went home, or admitted to the hospital? LACE Acuity Score: [If admission is after ER visit, enter 3; if not after ER visit, enter 0]	SS	Y			ER visit - discharged to home	N	Member's recent visit to the hospital resulted in an ER visit, then discharged to home.	
							A	Document facility name visited and contact info in episode view > provider > hospital/facility > attach new.	
		LOV-ST				Document facility name and contact info.	N		
						3 ER visit - then admitted to hospital [score of 3]	N	Member's recent visit to the hospital resulted in an ER visit, then was admitted to the hospital.	
							A	Document facility name visited and contact info in episode view > provider > hospital/facility > attach new.	
		LOV-ST				Document facility name and contact info.	N		
						ER visit - stayed for observation	N	Member's recent visit to the hospital resulted in an ER visit, then was admitted to the hospital.	
							A	Document facility name visited and contact info in episode view > provider > hospital/facility > attach new.	
		LOV-ST				Document facility name and contact info.	N		
11 (2714)	Not including this visit, how many ER visits have you had in the past 6 months? [If 1 additional visit, enter 1; if 2 additional visits, enter 2; if 3 additional visits, enter 3; if 4 or more visits, enter 4]	SS	Y		1	1 [score of 1]	N	Not including this ER visit, member has had 1 additional ER visit in the last 6 months.	
						2 [score of 2]	N	Not including this ER visit, member has had 2 additional ER visits in the last 6 months.	
						3 [score of 3]	N	Not including this ER visit, member has had 3 additional ER visits in the last 6 months.	
						4 [score of 4]	N	Not including this ER visit, member has had 4 additional ER visits in the last 6 months.	
12 (2695)	What brought you to the hospital?	MS	N			Abdominal pain	N	Abdominal pain	
						Abnormal lab result	N	Abnormal lab result	
						Arrhythmia	N	Arrhythmia	
						Bleeding	N	Bleeding	

Transition of Care

Tah/ Ques #	Question (500 Characters)	Type: Y/N; SS, Y/N, ST, Date, Number, MS, (LOV conditional values have the same types)	Ques Required? Y/N	Conditional on Ques #	Answer Score Value	Answer (500 Characters)	P, G, I, N, A	Text From previous field: P = Problem (255 Char); G= Goal (300 Char); I=Intervention (255 Char); N= Note (500 Char); A= Message Alert (255 Char)	PGI #
						Blood clot	N	Blood clot	
						Bowel and/or bladder issue such as urinary retention/constipation, diarrhea	N	Bowel and or bladder issue such as urinary retention/constipation, diarrhea	
						Brought by ambulance/911	N	Brought by ambulance/911	
						Brought by family/friend/caregiver do not know why	N	Brought by family/friend/caregiver do not know why	
						Chest pain	N	Chest pain	
						Could not see doctor when needed	N	Could not see doctor when needed	
						Dehydration	N	Dehydration	
						Diabetic Ketoacidosis	N	Diabetic Ketoacidosis	
						Did not go to ER/ED	N	Did not go to ER/ED	
						Did not know where to go	N	Did not know where to go	
						Dizziness	N	Dizziness	
						Drowsiness	N	Drowsiness	
						Elective surgery	N	Elective surgery	
						Fall	N	Fall	
						Fever	N	Fever	
						Heart attack/MI	N	Heart attack/MI	
						Hyperglycemia	N	Hyperglycemia	
						Hypoglycemia	N	Hypoglycemia	
						Infection	N	Infection	
						Injury/trauma/accident	N	Injury/trauma/accident	
						Medication/drug reaction	N	Medication/drug reaction	
						Nausea and vomiting	N	Nausea and Vomiting	
						Needed a prescription for medicine	N	Needed a prescription for medicine	
						Pain	N	Pain	
						Pneumonia	N	Pneumonia	
						Problem managing my condition	N	Problem managing my condition	
						Problems after surgery	N	Problems after surgery	
						Procedure was needed	N	Procedure was needed	
						Shortness of breath	N	Shortness of Breath	
						Swelling	N	Swelling	
						Symptoms got worse/new symptom	N	Symptoms got worse/new symptom	
						Was told to go to ER by doctor	N	Was told to go to ER by doctor	
						Worried and anxious	N	Worried and anxious	
						Wound infection	N	Wound infection	
						Other	N	Member went to ER/ED because of other:	
		LOV-ST				Document "other"	N		
13 (3196)	Do you have any of the following conditions? Condition score: for each condition enter the value listed next to the score]	MS	Y		1	Previous heart attack [score of 1]	N	Previous heart attack [score of 1]	
					1	Cerebrovascular disease [score of 1]	N	Cerebrovascular disease [score of 1]	
					1	Disease of blood vessels in arms and legs [score of 1]	N	Disease of blood vessels in arms and legs [score of 1]	
					2	Diabetes without complications [score of 1]	N	Diabetes without complications [score of 1]	
					2	Congestive heart failure [score of 2]	N	Congestive heart failure [score of 2]	
					2	Diabetes with kidney or heart complications [score of 2]	N	Diabetes with kidney or heart complications [score of 2]	
					2	Chronic lung disease [score of 2]	N	Chronic lung disease [score of 2]	
					2	Mild liver disease [score of 2]	N	Mild liver disease [score of 2]	
					3	Any tumor [score of 2]	N	Any tumor [score of 2]	
					3	Dementia [score of 3]	N	Dementia [score of 3]	
					3	Autoimmune disease [score of 3]	N	Autoimmune disease [score of 3]	
					4	AIDS [score of 4]	N	AIDS [score of 4]	
					4	Moderate or severe liver disease [score of 4]	N	Moderate or severe liver disease [score of 4]	
					6	Tumor with metastasis [score of 6]	N	Tumor with metastasis [score of 6]	
14 (2696)	Do you/caregiver/facility have a copy of the discharge instructions?	Y/N	Y	4 = Yes	Yes		N	Member/caregiver/facility has a copy of the discharge instructions.	
					No		N	Member/caregiver/facility does not have a copy of the discharge instructions.	
							P	Member/caregiver/facility does not have a copy of discharge instructions.	2374
							G	Obtain a copy of discharge instructions from the admitting facility.	
							I	Contact admission facility to obtain a copy of discharge instructions.	
15 (2697)	Can you/caregiver/facility explain to me the discharge instructions?	Y/N	N	14 = Yes	Yes		N	Discharge instructions have been explained.	
					No		N	Unable to explain discharge instructions	
							P	Knowledge gap of discharge instructions.	2421
							G	Member can explain the discharge instructions.	
							I	Explain the discharge instructions to the member/caregiver/facility and verify understanding.	
16 (2698)	How do you feel now?	SS	N		Excellent		N	Member feels excellent.	
							P	Member feels excellent.	2408
							G	Member will continue to manage condition.	
							I	Verify follow up appointment has been made. If member does not have appointment scheduled, member/staff to call and schedule a follow-up appointment with managing provider for follow up.	
					Good		N	Member feels good.	
							P	Member feels good.	2409
							G	Member will continue to manage condition.	
							I	Verify follow up appointment has been made. If member does not have appointment scheduled, member/staff to call and schedule a follow-up appointment with managing provider for follow up.	
					Fair		N	Member feels fair.	
							P	Member feels fair.	2410
							G	Member will feel better and resume activities after ED/ER visit or admission.	
							I	Identify reason member feels fair. If member does not have appointment scheduled, member/staff to call and schedule a follow-up appointment with managing provider for follow up.	
					Poor		N	Member feels poor.	
		LOV-ST				Please describe why you feel poor.	N		2411
							P	Member feels poor.	
							G	Member will feel better and resume activities after ED/ER visit or admission.	
							I	Identify reason member feels poor. If member does not have appointment scheduled, member/staff to call and schedule a follow-up appointment with managing provider for follow up.	
17 (2699)	Are you experiencing any pain that is not being controlled?	Y/N	N		Yes		N	Member is experiencing pain that is not controlled.	
							P	Member is experiencing pain that is not controlled.	2412
							G	Member will receive treatment appropriate for condition.	
							I	Review if member has available medications to take for pain and if he/she has used them, also review other options such as rest, ice, heat if applicable and appropriate for member.	
							I	If no appointment scheduled a follow-up appointment with member's managing provider to discuss pain symptoms/management.	
18 (2700)	How well are you able to manage the condition or issue that brought you to the hospital?	SS	N		No		N	Member is not experiencing pain that is not controlled.	
					Very well		N	Member is able to manage very well.	
					Well		N	Member is able to manage well.	
					Fair		N	Member is able to manage fair.	
							P	Member reports he/she is able to manage his/her condition fair.	2413
							G	Member will manage his/her condition well or very well.	
							I	Identify barriers to managing member's condition. Assist member in coordination and scheduling an appointment. Document appointment time in "Members".	
		LOV-ST				Please describe.	N		
					Poorly		N	Member is able to manage poorly.	
							P	Member reports he/she is able to manage his/her condition poorly.	2414
							G	Member will manage his/her condition well or very well.	
							I	Identify barriers to managing member's condition. Assist member in coordination and scheduling an appointment. Document appointment time in "Members".	
		LOV-ST				Please describe.	N		
					Not at all		N	Member reports he/she is not able to manage his/her condition.	

Transition of Care

Tab/ Ques #	Question (500 Characters)	Type: Y/N; SS, Y/N, ST, Date, Number, MS, (LOV conditional values have the same types)	Ques Required? Y/N	Conditional on Ques #	Answer Score Value	Answer (500 Characters)	P, G, I, N, A	Text From previous field: P = Problem (255 Char); G= Goal (300 Char); I=Intervention (255 Char); N= Note (500 Char); A= Message Alert (255 Char)	PGI #
							P	Member reports he/she is not able to manage his/her condition.	2515
							G	Member will manage his/her condition well or very well.	
							I	Identify barriers to managing member's condition. Assist member in coordination and scheduling an appointment. Document appointment time in "Members".	
19 (2701)	Have you seen your doctor or scheduled a follow up appointment within 7 days to see your doctor?	LOV-ST SS	N	4 = Yes		Please describe. Yes, I have had F/U with my doctor	N	Member has had a follow up with provider.	
		LOV-calendar				Date of follow up was	N		
						Yes, I have F/U appt. scheduled	N	Member has not had a follow up with provider, but has appointment scheduled.	
		LOV-calendar				Date of scheduled F/U appt. is	N		
						I will schedule appointment	N	Member will schedule follow up appointment with provider.	
							P	Member needs follow up appointment with provider.	2383
							G	Member will have follow up appointment with provider.	
							I	Assist member in coordination and scheduling of appointment. Document appointment time in "Member Appointments".	
							I	Schedule follow up call with member to verify follow up appointment was made in 3 days. Document follow up appointment in "Member Appointments".	
						CM scheduled appointment for member	N	CM scheduled appointment for member.	
							A	Document follow up appointment in "Member Appointments".	
						Do not have a doctor	N	Member reports he/she does not have a doctor.	
							P	Member reports he/she does not have a doctor.	2416
							G	Member will have a doctor.	
							I	Assist member with finding a provider and schedule a follow up appointment.	
							I	Schedule follow up call with member to verify follow up appointment was made in 3 days. Document follow up appointment in "Member Appointments".	
						Member refused follow-up appointment	N	Member refused follow-up appointment.	
							P	Member refused follow-up appointment.	2385
							G	Member will have follow up appointment with provider.	
							I	Identify barriers to scheduling appointment. Assist member in coordination and scheduling of appointment. Document appointment time in "Member Appointments".	
20 (2716)	Have you seen a specialist or scheduled a follow up with a specialist? (cardiologist, endocrinologist, surgeon, etc.)?	Y/N	N			Yes	N	Member's next appointment with a specialist is scheduled.	
		LOV-Date				Date of member's next appointment is:	N	Date of member's next appointment is:	
							P	Members next appointment with a specialist is scheduled.	2417
							G	Members next appointment with a specialist is scheduled within one week of discharge.	
							I	If next appointment with a specialist is scheduled later than 1 week after D/C, identify if member is having issues, if so, member or CM to contact specialist to reschedule for an earlier date.	
						No	N	Member's next appointment with a specialist is not scheduled.	
							P	Members next appointment with a specialist is not scheduled.	2418
							G	Members next appointment with a specialist is scheduled.	
							I	Call specialist's office to schedule an appointment. Document date in "Member Appointments".	
21 (2702)	Do you have someone who can help you when you need it? (e.g., caregiver, family member, friend, other)	Y/N	N			Yes	N	Member has a support system or someone who can help when he/she needs it.	
						No	N	Update member's primary support person contact information (phone, address, email) in Episode View > Contact.	
							N	Member does not have a support system or someone who can help when he/she needs it.	
							P	Member does not have a support system or someone who can help when he/she needs it.	2419
							G	Member will have a support system or someone who can help when he/she needs it.	
							I	Refer member to social services and/or community resources for evaluation of needs.	
22 (2703)	[Staff answered]: Were all home and/or newly prescribed medications reviewed and reconciled?	SS	Y			Yes, and no change needed	N	All home and/or newly prescribed medications reviewed and reconciled and no change needed.	
							P	All home and/or newly prescribed medications reviewed and reconciled and no change needed.	2420
							G	Member understands how, when and why he/she needs to take his/her medication.	
						Yes, change needed	N	Complete Medication Form and review with member/care giver. Keep one copy and provide copies to member and family/care giver.	
							N	All home and/or newly prescribed medications were reviewed and reconciled and change in medications was needed.	
							P	All home and/or newly prescribed medications were reviewed and reconciled and change in medications was needed.	2388
							G	All home and/or newly prescribed medications reviewed and reconciled with changes noted.	
							I	Contact prescribing physician(s) to reconcile.	
							I	Complete Medication Form and review with member/care giver. Keep one copy and provide copies to member and family/care giver.	
						No, unable to obtain complete medication history	N	All home and/or newly prescribed medications were not reviewed OR reconciled.	
							P	All home and/or newly prescribed medications were not reviewed OR reconciled.	2389
							G	All home and/or newly prescribed medications reviewed and reconciled with changes noted.	
							I	Obtain full medication history from member, family/care giver, pharmacy, provider.	
							I	Complete Medication Form and review with member/care giver. Keep one copy and provide copies to member and family/care giver.	
23 (2704)	[Staff answered]: Were there any changes made to home medications and/or new medications added?	Y/N	N	22 = Yes, change needed		Yes	N	Change was made to home medications and/or new medications added.	
							A	medication data	
							P	Change was made to home medications and/or new medications added.	2390
							G	Member understands the change and how, when and why he/she needs to take his/her medication.	
							I	Explain the medication change using the Medication Form.	
						No	N	No change was made to home medications and/or new medications added.	
							P	No change was made to home medications and/or new medications added.	646
							G	Medication data is up-to-date.	
							I	Verify medication data is up-to-date.	
24 (2705)	Did you fill the new medications?	Y/N	N	23 = Yes		Yes	N	Member has filled new medication prescriptions.	
							P	Member has filled new medication prescriptions.	2391
							G	Member takes medication as ordered.	
							I	Verify member is taking new medications and understands how to take them.	
						No	N	Member has not filled new medication prescriptions.	
							P	Member has not filled new medication prescriptions.	2392
							G	Member refills medications.	
							I	Encourage member and/or caregiver to fill new medications. If unable to fill, coordinate mail order pharmacy if interested and assist in setting it up and arrange medications delivery.	
25 (2706)	Do you have a system that you use to help you organize your medications?	Y/N	Y			Yes	N	Member has a system in place to help organize his/her medications.	
		LOV-MS				Pill box	N	Member uses a pill box to organize his/her medications.	
						Bubble packs	N	Member uses bubble packs to help organize his/her medications.	

Transition of Care

4

Tab/ Ques #	Question (500 Characters)	Type: Y/N; SS, Y/N, ST, Date, Number, MS, (LOV conditional values have the same types)	Ques Required? Y/N	Conditional on Ques #	Answer Score Value	Answer (500 Characters)	P, G, I, N, A	Text From previous field: P = Problem (255 Char); G= Goal (300 Char); I=Intervention (255 Char); N= Note (500 Char); A= Message Alert (255 Char)	PGI #
						Family/friend/caregiver assistance	N	Member has family/friend/caregiver help organize his/her medications.	
						Pharmacy assistance	N	Member has pharmacy assistance help organize his/her medications.	
						Medication action plan	N	Member uses a medication action plan to help organize his/her medications.	
						Medication form	N	Member uses a medication form to help organize his/her medications.	
						Other	N	Member uses other system to organize his/her medication.	
						No	N	Member does not have a system in place to help organize his/her medications.	
							P	Member does not have a system in place to help organize his/her medications.	2393
							G	Member will have a system in place to help organize his/her medications.	
							I	Coordinate appropriate assistance for medication management as needed.	
26 (2717)	[Staff answered]: Were Transition of Care needs for home services coordinated prior to discharge?	Y/N	Y			Yes	I	Transition of Care needs were coordinated prior to discharge.	
						No	I	Transition of Care needs were not coordinated prior to D/C.	
27 (2707)	[Staff answered]: Which of these Transition of Care needs were not coordinated prior to D/C?	MS	Y	26 = No		Medication needs	N	Medication needs have been identified and were not coordinated prior to discharge (insufficient medication supply to last through f/u appointment, unable to fill medications) .	
							A	If medications were dispensed/prescribed verify there is sufficient supply to last through f/u appointment.	
							P	Medication needs have been identified and were not coordinated prior to discharge (insufficient medication supply to last through f/u appointment, unable to fill medications) .	2394
							G	Coordinate medication needed.	
							I	Arrange for medications to be supplied/filled prior to discharge if possible or coordinate fill by member/care giver. Assist setting up mail pharmacy if appropriate.	
						Transportation needs identified	N	Transportation needs have been identified and were not coordinated prior to discharge.	
							P	Transportation needs have been identified and were not coordinated prior to discharge.	2395
							G	Coordinate transportation services.	
							I	Identify and coordinate transportation.	
						DME needs identified	N	DME needs have been identified and were not coordinated prior to discharge.	
							P	DME needs have been identified and were not coordinated prior to discharge.	2396
							G	Coordinate appropriate DME services.	
							I	Identify and coordinate appropriate DME services.	
						Home Health care needs identified	N	Home Health care needs have been identified and were not coordinated prior to discharge.	
							P	Home Health care needs have been identified and were not coordinated prior to discharge.	2397
							G	Coordinate appropriate Home Health care.	
							I	Identify and coordinate appropriate Home Health care.	
						Lab work or X-ray needs identified	N	Lab work or X-ray needs identified have been identified and were not coordinated prior to discharge.	
							P	Lab work or X-ray needs identified have been identified and were not coordinated prior to discharge.	2398
							G	Coordinate appropriate lab work or X-ray needs.	
							I	Identify and coordinate appropriate lab work or X-ray needs and assist in scheduling appointment(s).	
						Medical assistance needs identified [infusion/ventilator/nebulizer etc.]	N	Medical assistance needs have been identified [infusion/ventilator/nebulizer etc.] and were not coordinated prior to discharge.	
							P	Medical assistance needs have been identified [infusion/ventilator/nebulizer etc.] and were not coordinated prior to discharge.	2399
							G	Coordinate appropriate medical assistance needs.	
							I	Identify and coordinate appropriate medical assistance needs such as infusion/ventilator/nebulizer etc.	
						Nutritional needs identified	N	Nutritional needs have been identified and were not coordinated prior to discharge.	
							P	Nutritional needs have been identified and were not coordinated prior to discharge.	2400
							G	Coordinate appropriate nutritional needs.	
							I	Identify and coordinate appropriate nutritional assistance needs.	
						Therapy needs identified [OT/PT etc.]	N	Therapy needs have been identified [OT/PT etc.] and were not coordinated prior to discharge.	
							P	Therapy needs have been identified [OT/PT etc.] and were not coordinated prior to discharge.	2401
							G	Coordinate appropriate therapy needs.	
							I	Identify and coordinate appropriate therapy needs such as OT/PT etc.	
						Other	N	Other Transition of Care coordination needs were identified and were not coordinated prior to discharge.	
		LOV-ST				Other	N	Other needs identified are:	
							P	Other Transition of Care coordination needs were identified and were not coordinated prior to discharge.	2402
							G	Coordinate Transition of Care services.	
							I	Identify and coordinate Transition of Care services.	
28 (2708)	Do you know what urgent care centers are and where the closest one is to you?	Y/N	N	10 = ER visit - discharged to home		Yes	N	Member knows what urgent care centers are and where the closest one is.	
							P	Member knows what urgent care centers are and where the closest one is.	2403
							G	Member knows provider's phone number and will call if issues or questions come up to discuss.	
							I	Verify member knows provider's phone number and discuss calling him/her when issues come up to discuss.	
						No	N	Member does not know what urgent care centers are and where the closest one is.	
							P	Member does not know what urgent care centers are and where the closest one is.	2404
							G	Member will know what urgent care centers are and where the closest one is.	
							I	Provide member with information about urgent care centers and locations closest to member.	
							I	Verify member knows provider's phone number and discuss calling him/her when issues come up to discuss.	
29 (3197)	Do you have an advance directive?	Y/N	N			Yes	N	Member has an advance directive.	
		LOV-MS				Advance directive	N	Advance directive.	
		LOV-MS				Guardianship papers	N	Guardianship papers.	
		LOV-MS				Living Will	N	Living Will.	
		LOV-MS				Durable Power of Attorney	N	Durable Power of Attorney.	
		LOV-MS				Health Care Proxy	N	Health Care Proxy	
						No	N	Member does not have an advance directive.	2372
							G	Member will have an advance directive.	
							I	Refer member or assist with obtaining advance directive forms at http://www.caringinfo.org/4a/pages/index.cfm?pageid=3289	
							I	Refer member to provider to discuss advance directive.	
30 (3198)	[Staff answered]: Were benefits discussed with member?	SS	N			Yes	N	Member benefits were reviewed.	
							P	Member benefits were reviewed.	2405
							G	Member will have access to benefit information.	
							I	Provide member with a copy of educational/promotional materials with benefit contact information.	
						No	N	Member benefits were not reviewed.	
							A	Review available member benefits. Benefits may be reviewed by calling number on the back of insurance card.	
							P	Member benefits were not reviewed.	2406

Tab/ Ques #	Question (500 Characters)	Type: Y/N; SS, Y/N, ST, Date, Number, MS, (LOV conditional values have the same types)	Ques Required? Y/N	Conditional on Ques #	Answer Score Value	Answer (500 Characters) P, G, I, N, A	Text From previous field: P = Problem (255 Char); G= Goal (300 Char); I= Intervention (255 Char); N= Note (500 Char); A= Message Alert (255 Char)	PGI #
						G	Member will have access to benefit information.	
						I	Provide member with a copy of educational/promotional materials with benefit contact information.	
						N	Not applicable - unable to provide benefit information.	
31 (2711)	Total LACE score [add values]	SS				N	High risk	
						N	Low risk	